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Chinese Nursing Research

journal homepage: <http://www.journals.elsevier.com/chinese-nursing-research>

Original article

Relationship between social support and self-efficacy in women psychiatrists

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ARTICLE INFO

Article history:

Received 19 January 2015

Received in revised form

27 July 2015

Accepted 27 October 2015

Available online 23 January 2016

Keywords:

Women psychiatrists

Social support

Self-efficacy

ABSTRACT

Objective: To explore the relationship between social support and self-efficacy in women psychiatrists.**Methods:** A survey was conducted in four hospitals in Shandong province using the Social Support Scale and the General Self-efficacy Scale (GSE). A total of 140 women psychiatrists participated in the study.**Results:** Women psychiatrists of different ages or with different qualifications experience significant differences in objective support, subjective support, the utilization of support, and total scores on the social support and self-efficacy questionnaires ($p < 0.05$). There were also significant differences in self-efficacy between different groups ($p < 0.05$). Subjective support, objective support and the utilization of support have a positive correlation with the self-efficacy of women psychiatrists. Women psychiatrists in different education level have significant differences in objective support, utilization of support and total score of social support ($p < 0.01$).**Conclusions:** Ages and educational backgrounds affect social support and self-efficacy, and self-efficacy had a significant positive correlation with the various dimensions of social support.© 2016 Shanxi Medical Periodical Press. Publishing services by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Introduction

Social support refers to the intimate contact among people. This contact can provide spiritual or material assistance for individuals when they are facing difficulties or threats. It is one of the intermediary factors between psychological stress and disorders.¹ Social support is a type of important external resources that one can use, so in recent years, it has become a focus of domestic and international researchers in many disciplines.

Recently, the theory of self-efficacy and its applications are popular in the theoretical study of psychology. The concept of self-efficacy was proposed by a famous American psychologist named Albert Bandura (A. Bandura) in 1977.² The theory of self-efficacy refers to the cognitive judgment and beliefs of the behavior and the ability desired by the successful completion of a specific task. People with high self-efficacy will be more confident in their work, so they will be more likely to make extraordinary achievements in their posts.

Social support is an important aspect to enhance self-efficacy, and studies have shown that a person's self-efficacy has a positive correlation with the social support they receive; that is, the more social support a person receives, the higher their self-efficacy is.

Women psychiatrists are mental health care professionals. This study was conducted to investigate the relationship between social support and self-efficacy in women psychiatrists by surveying this population.

2. Research subjects and methods

2.1. Subjects

Women psychiatrists from psychiatric hospitals in Shandong Province were invited to participate in the study. One-hundred and forty women psychiatrists were randomly selected to complete the questionnaires. The questionnaires were uniformly provided, and the testing was performed in groups. Unified guidance languages were used, and the questionnaires were collected immediately after completion. One-hundred and forty questionnaires were distributed, and 128 valid questionnaires were obtained. The percentage of completed questionnaires was 91.4%.

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Peer review under responsibility of Shanxi Medical Periodical Press.

2.2. Research methods and tools

A structured questionnaire was employed that included a social support scale and a self-efficacy scale.

2.2.1. Social support scale³

This scale was used to measure 10 items for three dimensions of individual social relationships, which contained three subscales: an objective support subscale, a subjective support subscale and a supported utilization subscale. Four-point scores were used in the questionnaires. Higher total scores and subscale scores indicate better social support. One of the advantages of the scale is that it has good reliability and validity. For each of the subscales, the consistency of each entry was between 0.89 and 0.94, so the scale was considered reliable to use for the study.

2.2.2. General self-efficacy scale⁴

The General Self-efficacy Scale consists of 10 items and was created by Schwarzer and his colleagues. The scale was translated into Chinese by Jianxin Zhang. The scores of this scale were calculated according to a four-point Likert-type scale. General self-efficacy had a significant positive correlation with the score. Cronbach's alpha of the scale varied from 0.75 to 0.91.

2.3. Data processing

The Statistical Package for the Social Sciences (SPSS) version 17.0 (SPSS Inc., Chicago, IL, USA) for Windows was used for statistical analyses of the data.

3. Results

3.1. Demographic data of the tested participants

The demographic data of the participants are as follows: the results of 128 tested participants were valid, among whom 42 were below 30 years old (32.8%), 72 were between 30 and 50 years (56.2%), and 14 were over 50 years (10.9%); in addition, there were 52 people with a college degree (40.6%), 54 with a bachelor degree (42.2%), and 22 with a master or PhD degree (17.2%).

3.2. The results of social support and self-efficacy in women psychiatrists

3.2.1. Comparison of social support and self-efficacy differences in women psychiatrists at different ages

As shown in Table 1, women psychiatrists of different ages experienced significant differences in objective and subjective support, support utilization, and total social support and self-efficacy ($p < 0.05$).

The Scheffe Post-Hoc comparison was used to test for significant differences within each group. The group aged between 30 and 50 years had significant differences compared with the group aged under 30 years in terms of objective and subjective support,

support utilization, and total scores from the social support and self-efficacy questionnaires ($p < 0.05$). The group aged between 30 and 50 years had significant differences compared with the group aged over 50 years in terms of support utilization and total scores from the social support and self-efficacy questionnaires ($p < 0.05$); the differences for the other dimensions were not significant between the groups.

3.2.2. The comparison of social support and self-efficacy differences of women psychiatrists with different educational levels

As shown in Table 2, women psychiatrists with different educational levels had significant differences in objective support, utilization of support and the total score from the social support questionnaire ($p < 0.01$); there was also a significant difference in self-efficacy total scores ($p < 0.01$).

The Scheffe Post-Hoc comparison was used to test for significant differences within each group. The groups of individuals with College degrees, Bachelor's degrees, and Master's or PhD degrees had significant differences in terms of objective support ($p < 0.01$). The groups with College degrees and Master's degrees had significant differences in terms of subjective support ($p < 0.05$). The group with Master's or PhD degrees had the highest support of utilization and total scores of the social support and self-efficacy questionnaires, followed by the groups with Bachelor's degrees and College degrees.

3.2.3. Correlation analysis of social support and self-efficacy in different women psychiatrists

As shown in Table 3, there was a statistically significant correlation between social support and self-efficacy in women psychiatrists ($p < 0.01$). The correlation between support utilization, social support scores and self-efficacy was the most significant.

4. Discussion

4.1. Analysis of social support and self-efficacy differences

4.1.1. Influence of age and educational background on social support

This study shows that the group of individuals aged between 30 and 50 years and the group aged over 50 years ranked significantly higher than the group aged below 30 years in terms of objective and subjective support, support utilization, and total scores from the social support and self-efficacy questionnaires ($p < 0.01$). The group aged between 30 and 50 years has significant differences compared with the group aged of over 50 years in terms of support utilization, and the total score from the social support questionnaire ($p < 0.01$). The other dimensions were not statistically significant.

These results show that age is a factor affecting the level of social support. With an increase in age, utilization of support is better, and the group aged between 30 and 50 years had the best various dimensions of social support.

Table 1

The comparison of differences in social support and self-efficacy of female psychiatrists of different ages (M \pm SD).

Variables	Objective support	Subjective support	Utilization of support	Total score of social support	Self-efficacy
< 30 years	9.67 \pm 2.67	13.02 \pm 1.85	8.43 \pm 1.69	31.10 \pm 4.31	25.38 \pm 5.66
30–50 years	10.86 \pm 1.83	14.01 \pm 1.82	9.67 \pm 1.86	34.49 \pm 3.97	30.46 \pm 5.75
>50 years	10.57 \pm 2.17	13.71 \pm 1.64	8.79 \pm 2.64	32.79 \pm 5.04	27.36 \pm 4.43
F	4.03	3.96	5.90	8.69	11.22
P	0.02*	0.02*	0.00**	0.00**	0.00**

Note: * $p < 0.05$, ** $p < 0.01$.

Table 2The comparison of differences in social support and self-efficacy of women psychiatrists with different educational levels (M \pm SD).

Variables	Objective support	Subjective support	Utilization of support	Total score of social support	Self-efficacy
College degree	9.67 \pm 2.66	13.21 \pm 1.92	8.40 \pm 1.92	31.27 \pm 5.02	26.44 \pm 5.778
Bachelor Degree	10.57 \pm 1.66	13.83 \pm 1.70	13.83 \pm 1.70	33.91 \pm 3.10	28.63 \pm 3.678
Master or PhD degree	11.18 \pm 1.82	14.27 \pm 1.88	10.55 \pm 1.85	35.95 \pm 4.01	32.77 \pm 5.284
F	5.71	3.05	10.85	11.37	9.724
P	0.00**	0.05*	0.00**	0.00**	0.000**

Note: * $p < 0.05$, ** $p < 0.01$.

In this study, the group of individuals with college degrees had significant differences compared with the group with bachelor degrees and the group with master or PhD degrees in terms of subjective support ($p < 0.01$). Only the college degree group had significant differences with the master degree group in terms of objective support ($p < 0.01$). The group with master or PhD degrees ranked the highest in terms of support of utilization and total scores from the social support questionnaire, followed by the undergraduate group and the college degree group ($p < 0.01$). With an increase in educational level, women psychiatrists had not only higher subjective support but also higher objective support, support utilization and total score from the social support questionnaire; this was especially true for the support utilization. These results show that educational level is a key factor in terms of social support for women psychiatrists.

Appropriate social support should be provided in accordance with the age and educational level of women psychiatrists. First, we should focus on providing social support for younger women psychiatrists who lack experience. Second, we should focus on the educational level of women psychiatrists, and they should have a willingness to learn to further improve their knowledge.

4.1.2. Influence of age and education background on self-efficacy

For self-efficacy, studies of groups with different ages showed that women psychiatrists aged 30–50 years had significantly higher self-efficacy than the other groups; self-efficacy was low in under 30 years old group. A comparison of results between individuals with different educational backgrounds is presented as follows: the group with master or PhD degrees scored higher than the bachelor degree group, followed by the college degree group ($p < 0.05$). It shows that the educational background affects the self-efficacy of women psychiatrists. Thus, we should pay attention to the educational and self-efficacy levels of women psychiatrists and improve their mental health.

4.1.3. The relationship between social support and self-efficacy

This study shows that social support has a significant correlation with self-efficacy in women psychiatrists ($p < 0.01$). The correlation between self-efficacy, support utilization and the total score from the social support questionnaire was the most significant.

These results illustrate that if we can make good use of social support, then self-efficacy can be significantly enhanced.

The objective support of the social support is visible or actual and consists of direct material assistance and a presence and participation in community relations. Subjective support comes from the individual's experience or emotional support. It refers to a type of emotional experience and satisfaction in which individuals can be respected, supported and understood. It is also closely related to the individual's subjective feelings. This component of support utilization represents the individual's initiative use, which contains a variety of social support, including ways of confiding and seeking help, conditions of participation in activities and so on.¹

Social support is an important resource that can help individuals cope with stress, enhance self-confidence and improve self-efficacy. Cultivating and improving women psychiatrists' social support system has a positive effect on alleviating their work pressure and enhancing their self-efficacy.

4.2. Improve social support and enhance self-efficacy

4.2.1. Improving mindset and enhancing self-efficacy

All women psychiatrists should be fully aware of the peculiarity of every job with the help of mental health workers and hospital managers. They should be guided to know themselves correctly and evaluate themselves objectively. In terms of their personality, they should encourage strength, diminish weaknesses, exert their own potential, and put themselves and their work in a proper position. It is also important for them to improve themselves at work and in practice constantly, develop self-control, self-confidence, self-examination, and self-education and develop a higher individual self-efficacy.

Hospital leaders should help women psychiatrists adapt to their working environment and work processes as soon as possible and help them to reduce work burnout and form a correct, scientific, rational understanding of the industry.

4.2.2. Improve social support and focus on women psychiatrists' working environment

For social support, there are a variety of ways for hospital leaders to help women psychiatrists experience the joy of work, communication, and life, such as encouraging them to participate in collective activities, widen their mind and have the courage to talk to others; this can help cultivate an enthusiastic and optimistic personality and develop their self-esteem and courage. To gain a higher self-efficacy and enhance their confidence, one should be patient in their demands and use a proper technique of either rewards or criticisms. In addition, one should strive to improve their interest to participate in public life and their ability to take advantage of support utilization.

Hospital leaders and mental health workers should consider the characteristics of women psychiatrists and provide them with more help, understanding, and care in a variety of ways, such as reducing excessive blame and being overly harsh, giving special attention to introverted individuals and those with seriously low self-esteem, and performing interpersonal and group activities. There are

Table 3

Correlation analysis of social support and self-efficacy of women psychiatrists (r).

Variables	Self-efficacy	P
Subjective support	0.186*	0.05
Objective support	0.283**	0.01
Utilization of support	0.323**	0.01
Total score of social support	0.360**	0.01

Note: * $p < 0.05$, ** $p < 0.01$.

various ways to improve self-efficacy, including striving to improve their confidence in solving problems and overcoming difficulties, helping them establish self-confidence in the pursuit of success, helping them improve and enhance themselves constantly, and conducting effective relationship education.

Conflicts of interest

All contributing authors declare no conflicts of interest.

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